

THIS PAGE MUST BE INCLUDED WITH ANY ALTERNATE PROPOSAL(S) NOTED CLEARLY

TURF MANAGEMENT SCOUTING REPORT

FIELD NAME Middle School

DATE 10/3/14

FIELD PH _____

DATE OF LAST SOIL TEST _____

OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS:

Soil Type Field Compaction: Yes ___ No X
 Drainage: Dry ___ Often Wet (W) X Low Spots (L) ___
 Light: All Sun ___ Some Shade (S) ___ Trees Present (T) ___

IRRIGATION:

Yes ___ No X
 If Yes, Type of Irrigation System _____
 Frequency _____ Duration per Application _____
 Amount/Application _____ Time of Day of Application _____

VISUAL CHARACTERISTICS OF TURF

Color (C)	<u>Good</u>	<u>Fair</u>	Poor
Density	Low	High	<u>Combination</u>
Smoothness (SM)	<u>Good</u>	Poor	
Turf Surface (TS)	<u>Smooth</u>	Clumps	Combination
Holes/Divots (H)	<u>None</u>	Few	Many
Bare Areas (B)	None	<u>Few</u>	Many

Crab Grass in previous good damaged areas

PESTS DICOT WEEDS

Dandelions (DL)	<u>None</u>	<u>Few</u>	Many
Plantain (PL)	None	<u>Few</u>	Many
Knotweed (KN)	None	Few	Many
Other (O)			Many

Identify "Others" by name if possible _____

Weedgrass (WD): None ___ Some ___ Many ___ Crabgrass, Witchgrass, Barnyard Grass, etc.

Clover: None ___ Some ___ Many ___

Insects (I) _____

Disease _____

Recommended Remedial Actions and Timing _____

Comments Seeding is filling in previous crabgrass good damaged areas. Color improving